



FRANKLIN HIGH SCHOOL Transcript Request Form

Date of Request _____ (Please note there is a 3 – 5 day time frame for this request.)

I am requesting a copy of my _____ Transcripts

Full Name _____
Last First Middle

Maiden Name _____ (Or Last Name Used in High School)

Birthdate _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Graduation Year _____ Year Last Attended (if you did not graduate from FHS) _____

Please disclose any information that you think might help in obtaining these educational records. Please use the space below for any messages or special information that would help us locate your records.

If you need more space, please use the back of this form.

If the transcript is mailed to you, it will be an unofficial copy. An "Official" transcript must be mailed directly to a school's admissions office. Your ACT/SAT scores will be included with the transcript. If you have questions, please call the Guidance Office at 734.744.2655 ext. 47105.

There is a \$5.00 fee for each set of transcripts requested after one semester of graduation/attendance.

Please indicate to whom the records will be released: SELF COLLEGE OTHER

College/Business/Self _____

Address _____

City _____ State _____ Zip _____

For additional addresses, please use the back of this form.

Please remit the fee of \$5.00 per set of transcripts payable to: Franklin High School

Guidance Office
Franklin High School
31000 Joy Rd.
Livonia MI 48150

Signature (parent or guardian if under 18) _____

Office Use Only:	Request & Payment Received _____
Payment: Cash/Check/M.O. # _____	Amount _____ Mailed _____